

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024180

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3019

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 40 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS (If outside, give location) 3931 Arlington | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Martin Fred Bockelman | | 4. DATE OF DEATH Month Day Year May 27, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-26-1893 |
| 9. AGE (last birthday) 69 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 11. BIRTHPLACE (City and state or country) Chicago, Illinois |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Christopher Bockelman | | 13b. MOTHER'S MAIDEN NAME Marie Tiemann | |
| 14. NAME OF HUSBAND OR WIFE Ida A. Bockelman | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Ida A Bockelman Kansas City, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ventricular fibrillation, suspected DUE TO (b) hypertensive arteriosclerotic disease, cardiovascular, years DUE TO (c) with coronary artery insufficiency, suspected 2 weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from March 1962 to May 27, 1963 and last saw her alive on May 27, 1963. Death occurred at 9 PM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John M. Singletary MD | 22b. ADDRESS 4320 Wornell Rd. Kansas City, MO | | 22c. DATE SIGNED 5/28/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-29-1963 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Memorial Gardens | 23d. LOCATION (City, town, or county) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Floral Hills Funeral Home Kansas City, Missouri | 25. DATE RECD. BY LOCAL REG. 5-28-63 | 26. REGISTRAR'S SIGNATURE Keith Long | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF JOHN M. SINGLETARY, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

FEB 9 1967

Dr. Singleton
4300 Womack Rd.
for 1-5663
12 noon

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Janner

Licensed Embalmer No. 3453

P. O. Address H. C. Han

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.